



EVERY NATION
YOUTH CAMP

CAMPER FORMS



EVERY NATION YOUTH CAMP

Location: Big Country Baptist Assembly, Leuders, TX

Dates: July 24-28

Emergency contact numbers: (def. of emergency: death or illness, natural disasters, etc)

Mid-Cities Community Church: Church: 432.563.9444

Camp Guidelines

1. Keep our purpose in mind, which is to glorify God with our lives at all times.
2. Remain on the campgrounds at all times unless you have the expressed written consent of your parent(s) and your Youth Pastor.
3. Stay away from cabins of persons of the opposite sex.
4. Rooms should be straightened up daily.
5. No P.D.A. (That's Public OR Private Displays of Affection)
6. Clothing (Student will be asked to change if violating any of these guidelines):
 - a. Ladies, all "halter-type" tops, spaghetti strap tops, tight shirts, short shorts anything see-through, and midriffs must be left at home.
 - b. Gentlemen, all tank top undershirts, Chubbie-style short shorts, and see through anything must be left at home.
 - c. Boxer shorts should not be worn outside the cabin as shorts.
 - d. No two-piece or immodest swimsuits. If deemed inappropriate, student will be required to wear a dark shirt over the swimsuit.
 - e. Clothing/accessories with "un-Christian" print/messages (e.g. tobacco, alcohol, cursing, etc.) will not be allowed.
7. Things to be left at home: Guns, knives, pranking instruments, violent instruments, fireworks, radios, TV's, electronic tablets, telephones, iPods, & multimedia devices.

The Running Dog Rule

The following are among the activities that may entitle you to a trip on the "Running Dog" (Greyhound Bus) to a "parent-pick-up" destination at the parents' expense.

- Fighting
- Stealing
- Possession or use of any of the following: drugs, alcohol, tobacco, or similar items
- Sexual promiscuity
- Defiance of camp authorities
- Arson
- Pranking
- Leaving cabin at night
- Destruction of camp property
- Other: any reason considered by the Camp Director or Youth Pastor to be detrimental to maintaining a God-honoring atmosphere at ENYC.

I have read/been informed of the guidelines and agree to comply with all of them.

Student's Signature

Date

Print student's name here

Parent's Signature

Date

Print parent's name here



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Minor's Baptism Form

(Under the age of 18)

A. Every person should ask Jesus to forgive his or her sins.

1. Sin is doing anything my way instead of God's way.
2. All are sinners (Romans 3:23).
3. Result of being a sinner is death (Romans 6:23).
4. Jesus paid the penalty for sins (Romans 5:8).
5. Sinners that repent and receive Jesus as Lord shall be saved (Romans 10:9-10).

B. Every person that accepts Jesus should be baptized.

1. Baptism is a very public way of showing I am a Christian.
2. Baptism is always by immersion in Scripture (Acts 8:36-38).
3. Baptism is a symbol of the death, burial, and resurrection of Christ (Romans 6:3).

C. Your child is ready to be baptized.

1. Your child has admitted to God that he/she is a sinner; your child believes that Jesus is God's Son and he/she has committed their life to Him.
2. Your child has made this decision public and spoken with one of our counselors about his/her decision.
3. With permission to baptize your child, the following will take place:
 - a. Be asked to bring dry clothes.
 - b. Your child will step into a large pool of water.
 - c. Your child will be taken under the water and brought back up (Baptized)
 - d. Your child will be in front of the pastors, camp counselors, and other campers.

D. Our ENYC Baptisms will be videoed. Copies will be available for parents.

My child, _____ has already been baptized.

Date: _____

I, _____, the parent/guardian of _____, will allow my child to be baptized at ENYC 2018.

Date: _____ Parent or Guardian Name: _____

Parent or Guardian Signature: _____

**MEDICAL RELEASE FORM 2018
MID-CITIES COMMUNITY CHURCH**

Name: _____ Age: _____
 (Last) (First) (Middle)
Home Address: _____ City: _____ State: _____ Zip: _____
Social Security #: _____ DOB: _____ Place of Birth: _____
Home Phone Number: (____) _____ Parent's Office Phone: (Dad) _____
Parent or Guardian: _____ (Mom) _____
Doctor's Name: _____ Phone: _____
Insurance Company: _____
Policy Number: _____ Group Number: _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List known food/drug or other allergies: _____

List medications taken regularly: _____

Any other special instructions regarding your youth? _____

PARENT / GUARDIAN PERMISSION:

I hereby give my permission for _____ to take part in "Every Nation Youth Camp 2017" in Leuders, TX. I further give my permission for the designated / approved church representative or sponsor to secure any needed medical treatment for the above name son / daughter. I release the church and camp representatives or sponsors as well as Mid-Cities Community Church/United Youth Ministry from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son / daughter be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and / or church representatives.

I have supplied, understood and agree to all the information contained on this Medical Release Form.

(Date)

(Parent/Guardian Signature)

**THIS MEDICAL RELEASE FORM VALID FOR
ONE CALENDER YEAR FROM DATE SIGNED.**

| |
|--------------------------------------------------------------------------------------------|
| For Office Use Only: Medical Release Form Received by: _____ Date Received: _____ |
|--------------------------------------------------------------------------------------------|

BCBA STUDENT REGISTRATION FOR CAMP: _____

DATES OF CAMP: _____

Do not leave anything blank! If your answer is "none," enter "N/A." This form must be completed for every camper under the age of 18. Sponsors and campers over the age of 18 must complete the Adult Registration form.

Camper Information

Name: _____ Gender: _____ Age _____

Birth Date ____/____/____ Grade Completed: ____ Home # (____) ____ - ____ Mobile # (____) ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Name of Church/Group/Organization camper will be with: _____

Camper's Sponsor Name: _____ Mobile # (____) ____ - ____

Emergency Contact: _____ Relationship to Camper: _____

Primary Telephone # (____) ____ - ____ Work # (____) ____ - ____ Mobile # (____) ____ - ____

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) _____

List all medications the camper is currently taking. For each medication, indicate whether or not it will be brought to camp. If you need more room, please attach additional pages.

Medication #1: _____

Special Instructions (dosage, times, etc) AM Noon Dinner Bedtime _____

Medication #2: _____

Special Instructions (dosage, times, etc) AM Noon Dinner Bedtime _____

Medication #3: _____

Special Instructions (dosage, times, etc) AM Noon Dinner Bedtime _____

Parent/Guardian Information

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # (____) ____ - ____ Work # (____) ____ - ____ Mobile # (____) ____ - ____

E-Mail Address _____

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # (____) ____ - ____ Work # (____) ____ - ____ Mobile # (____) ____ - ____

E-Mail Address _____

Insurance Information:

Insurance Company: _____ Name on card: _____

Insurance Policy #: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____, parent and/or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child (the aforementioned minor) my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions: _____

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my child's stay at BCBA during the above dates.

I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present, if unusual circumstances make such an inspection necessary. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the 2014 BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: _____ Name: _____ Name: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____



Mid-Cities Photograph /Video/Sound Release Form

I hereby give Mid-Cities Church permission to use photographs/video/sound of the adults and the minor(s) named below for publicity, promotion, news releases, videos, and web use of Mid-Cities. This might also apply to the written composition or visual art of the minor if it is published.

I hereby release and discharge Mid-Cities Church from any and all claims arising out of the use of the photograph/video/sound that I or the minor child(ren) listed may have in this regard.

I have read the reverse side of this photograph/video/sound release form and understand and agree with the purpose of this permission.

Name of child: _____

Name of child: _____

Name of child: _____

Name of child: _____

Name of parent: _____

Name of parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

I refuse to have the image or work of my child(ren) or myself published.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____



What is the purpose of using images and sounds of my child/myself?

Mid-Cities may use photographs; video, etc. of your child or you in promotional materials like pamphlets, videos, websites, newsletters, etc. Mid-Cities may also continue to photograph your child without your permission for camps and special activities.

Why do you want a release for my child/myself?

The church wants you to be informed of our intent and possible use of photographs and videos that may contain images of your child or you.

Who does this apply to?

We are asking for permission for children and youth under the age of 18. For example, at a church event, your picture may be taken. That photograph may then be put on the Mid-Cities Church website for your enjoyment and for the world to see what Mid-Cities is like.

Will I have my child(ren)'s name(s) or myself listed?

Names will not be published with the photographs used by Mid-Cities Church. However, staff may have names listed.

Will the church profit from the photographs/sound/composition?

The church might use the photographs of children/youth in a pamphlet or on the website for the church that is also selling Mid-Cities promotional items (t-shirts for example). We will not sell photographs/sound/compositions to agencies. This would be only for the church use and marketing promotion.

How long will this permission be valid?

There would be no limit.

What if I refuse?

We will not publish a photograph or use video of your child unless a parent or guardian signs this consent form.

What kind of information do you give out now and to whom?

Currently, no information is given out unless it is to an appropriate agency or institution. For example, in case of medical emergency, it may be necessary to give your child's allergy information on file to the attending physician.